On the whole, we must confess we are pleased with this book, and can heartily recommend it,—a recommendation which it does not appear to need, as it has already reached its second edition. The article on the true *diseases* of children, those of the pulmonary, circulatory, and renal apparatus, and the nervous system, are in many parts exhaustive and well written, least so probably are those connected with brain and nerve disease. The writing is clear and forcible and to the point, and were it not for the wearisome description of so much already well-known matter, the practitioner, even be he one who has been through the advanced course of the study of medicine, would find in its reading pleasure and profit.

For this country, we do not think it could ever form the useful textbook, or rank as high as Meigs and Pepper, nor can we for a moment place it beside the other thoroughly American, and masterly work, that of Dr. J. Lewis Smith. As an aid to diagnosis, it is inferior to Meadows's Tanner, but as a guide to treatment it leads the works of the English school. The author has attached some useful formulæ, but we note the absence of decigrammes and centigrammes, and only find our old time comprehensible prescriptions, for which we again thank him. J. M. K.

ART. XXIX.—*Transactions of the American Ophthalmological Society. Sixteenth Annual Meeting.* 8vo. pp. 173. New York, 1880.

THE first paper is by Dr. DAVID WEBSTER, of New York, *On sympathetic Inflammation following Operations for Cataract*, in which he reports eleven cases from various sources, with the following summary:—

> "In four cases both eyes were lost. In one case the eye causing the sympathetic inflammation was lost and the sympathetically inflamed eye was badly damaged. In one case the eye causing the sympathetic inflammation was lost, and the sympathetically inflamed eye recovered in good condition. In one case the eye causing sympathetic inflammation retained useful sight, and the sympathetically inflamed eye was afterwards operated on, and gave promise of a good recovery, when the patient died, and a knowledge of what the ultimate result would have been was prevented. In two cases both eyes recovered in good condition. In one case the eye sympathetically inflamed was lost, while the eye causing the sympathetic inflammation retained good vision."

Several other members of the society spoke of cases that had occurred in their practice or come to their notice.

Dr. CHAS. S. BULL, of New York, presented a *Contribution to the Pathology and Treatment of Vascular Tumours of the Eyelids*, with reports of two cases, in one of which microscopical examination showed that the tumour had been a dermoid cyst transformed into an angioma. He strongly insists upon the superiority of excision over other methods of treatment for the ordinary vascular tumours met with in the lids.

Dr. F. B. LORING, of Washington, describes a *Peculiar Anatomical Development of one of the Central Arteries of the Retina.* It consisted of an annular enlargement of the lower branch of the central artery a little below the margin of the disk. There was nothing else abnormal in the fundus, and vision was not affected.

Dr. ARTHUR MATHEWSON, of Brooklyn, reports *A Case of Ectropion treated successfully by Wolfe's Method, the transplanted piece of Skin* *measuring three by one and a half inches.* The deformity, for the relief of which the operation was performed, was the result of an extensive burn of the face and the forehead. The upper eyelid was completely everted and its ciliary margin drawn upward on the supra-orbital ridge. The cicatrix was so extensive that a flap could not be formed from the surrounding tissues. A piece of skin was taken from the side over the seventh rib and applied to the raw surface formed by dissecting the lid free and bringing it down in place. Two sutures only were used, and the flap was covered with a transparent plaster of gold-beaters' skin fastened at the edges with collodion, a piece of soft muslin smeared with vaseline and a compress of absorbent cotton, held in place by a bandage. The dressings were left undisturbed until the fourth day, when the transplanted piece was found in perfect coaptation and apparently united by first intention. There was slight sloughing three or four weeks after the operation, but at least two-thirds of the flap remained entire.

A case very similar to the above is reported by Dr. Lucien Howe, of Buffalo, N. Y., in a paper on *The Treatment of Ectropion by Transplantation of Skin.* The transplanted piece of skin, which measured $3\frac{1}{8}$ by $1\frac{3}{8}$ inches, was taken from the inner aspect of the forearm. To avoid delay it was dissected up by an assistant while Dr. Howe was engaged in freeing the lid. Only a small strip along the edge of the flap, two lines in breadth and four in length, was lost. There was a superficial slough over the entire surface, involving only the epithelial layer, which was immediately reproduced. The author gives a brief sketch of the history of the operation. He thinks that the flap should be made at least one-third larger than the wound to be covered. It had contracted, in his case, at the end of two months from $3\frac{1}{8}$ by $1\frac{3}{8}$ inches to $1\frac{1}{2}$ by $\frac{3}{8}$.

Dr. Albert G. Heyl, of Philadelphia, contributes a paper on *Intra-Ocular Lipoma.* He defines lipoma as the "name applied to a state of the blood characterized by the presence of free fat in the serum of the blood," and describes the ophthalmoscopic appearances and the peculiar condition of the blood in a case of diabetes mellitus, which was the subject of his paper. There was incipient cataract in each eye. The nucleus of the lens was opaque, and the cortical structure, though sufficiently clear to admit of examination of the interior of the eye, was traversed by radiating spikes of opaque lens tissue. The fundus was free from any evidence of inflammation either old or recent. The retinal arteries and retinal veins were of the same colour, which was described as light-salmon. The vessels appeared to have about twice the normal diameter. For this latter phenomenon the author suggests the following explanation: according to Jaeger, the blood-stream in the retinal vessels consists of an axial current of blood corpuscles surrounded by a peripheral current composed of the plasma of the blood, which plasma is, under ordinary circumstances, invisible in ophthalmoscopic examination, but in the case described was made visible by the presence of fat.

The blood drawn from the patient presented a peculiar appearance:—

> "On pricking the finger, a drop of blood would escape, having very much the colour of a piece of pink coral, followed by a thick whitish fluid, of the colour and consistence of an oil emulsion. On examining this with a low power, 250 diameters, a few blood corpuscles could be seen upon a dim, misty background, barely discernible. Examination with a power of about 600 showed the granular nature of this background, and examination in various ways left no doubt but that it was fat in a finely divided state."

The author suggests that the interruption of the circulation resulting from occlusion with masses of fat may be connected with the causation of diabetic cataract and retinitis.

Dr. W. S. LITTLE, of Philadelphia, presented a *Tabular Report exhibiting the Position of the Axis of the Cylinder in Simple, Compound, and Mixed Astigmatism; the Myopic and Hypermetropic Forms compared; with Remarks.* He suggests a connection of the usual position of this axis, approaching the horizontal in myopic and the vertical in hypermetropic astigmatism, with the causation of the defect.

Dr. LITTLE also reports a *Case of Traumatic Paralysis of the Superior Oblique Muscle, with treatment,* and one of *Partial Paralysis of the Inferior Oblique, with treatment.* The former was the result of a fall, in which the head was struck. As there was no other paralysis, and but slight cerebral disturbance, Dr. L. considered the paralysis due to direct injury of the fourth nerve, probably by effusion. The patient was treated with iodide of potassium, and afterwards with strychnia and the Faradic current, and the diplopia was relieved by the use of prisms, gradually diminished in power as the muscle recovered its function. The first prism used was one of 20°, and the last one of 3°. The patient had finally but little inconvenience from diplopia, without a prism.

The cause of the paralysis in the inferior oblique case was not known. The diplopia was relieved by a prism of 6°.

Three *Cases of the Laceration of the Eylids* are reported by Dr. H. D. NOYES, of New York, illustrating some practical points in treatment. Dr. Noyes also reports a case of *Glioma of both Eyes; Removal; Recurrence; Death; Autopsy.* When first seen the patient was one year old, and the peculiar glistening reflex had been noticed, by the parents, in the left eye six months before. The growth was also distinctly visible in the right eye. Eighteen months afterwards the left eye was enucleated in Germany, but in a few months the disease returned in the orbit, which was soon filled by a secondary growth. This was removed as thoroughly as possible by Dr. Noyes, but a part of the mass was left at the apex. Death resulted in a few weeks from extension of the disease to the brain. The disease had advanced slowly in the other eye. Microscopical examination of the brain showed that the pia mater was the structure chiefly involved. The intra-ocular growth in the right eye was composed of the same material as that found in the orbital tumour. Sections of the optic nerve of this eye, made at various points from the lamina cribrosa to its extremity, showed the same cell infiltration as found in other parts, though the sclerotic was still sound.

Dr. Agnew, of New York, spoke of a case of glioma in which he enucleated both eyes in 1874, and reported the patient as still living, being now seven years old.

Dr. CHAS. J. KIPP, of Newark, N. J., contributes a short paper *On Keratitis from Malarial Fever*—a large number of cases of which have come under his observation. It is commonly developed in the early stage of the intermittent fever. In some of his patients every fresh attack of the fever was followed by the corneal affection. One eye only is usually affected. The disease bears a close resemblance to the phlyctenular form, but the ulcers show a greater tendency to spread superficially. Spontaneous perforation of the cornea did not occur in any of his cases. The affection is a painful one, and the process of repair is slow. The local remedies found most useful are the pressure bandage, warm fomentations, and atropia; while quinia, iron, and arsenic are administered internally. This disease is ignored in modern ophthalmological literature, and Dr. Kipp has been unable to find any description of it in the older works.

Dr. H. Knapp, of New York, reports *A Case of One-sided Complete Blindness from Ischæmia Retinæ, ending in perfect Recovery.* The patient was an unmarried lady, 30 years of age, who had been exhausted by constant nursing of her father for seven months, and was much distressed by his recent death. Five days before, she had noticed that the sight of the left eye was completely obscured from above downwards to the extent of the upper half of the visual field. Four days later the lower half became darkened in the same manner. The pupil of that eye was slightly dilated, and did not respond to light when the other eye, the pupil of which was normal, was covered. The optic disks of both eyes were abnormally pale, and both arteries and veins were smaller and less numerous than usual; the ophthalmoscopic appearances were otherwise normal. Complete recovery resulted in a few weeks under the use of iron, generous diet, milk punch, and fresh air. Dr. K. was convinced that the case was not one of hysterical simulation.

Dr. Knapp also reports *Eight Sclerotomies for Glaucoma,* and gives the following as his views as to the indications for the operation :—

"1. In cases of simple glaucoma with a narrow field of vision and marked excavation, I would prefer sclerotomy to iridectomy, and if both eyes are affected, operate on one at least by sclerotomy.

"2. In megagophthalmus (buphthalmus) congenitus I would only perform sclerotomy, since in such cases iridectomy is almost always fatal to the eye.

"3. In glaucoma of younger persons, *i. e.*, below 35 years of age, and in cases of hemorrhagic glaucoma, I would prefer sclerotomy to iridectomy, since the results of the latter operation in these cases are mostly unfavourable.

"4. Encouraged by the experience derived from the above-related operations, and on the strength of the statements of Wecker, Mauthner, and others, I consider it legitimate to try sclerotomy also in cases of acute glaucoma. If it prove equally curative as iridectomy, it will have a decided advantage over this operation by leaving the pupil round, small, and central."

Dr. G. C. Harlan, of Philadelphia, contributes a *Note on a Case of Unusual Acuteness of Vision, with Circles of Diffusion,* as a striking illustration of the well-known, but sometimes forgotten fact, that the results of our usual method of testing the accommodation are far from accurate.

Dr. E. Williams, of Cincinnati, O., reports *Two cases of Cysts of the Iris,* illustrating the curability of cysts of the iris by surgical operation, and the destructive tendency of such tumours when left to themselves. One was the result of the presence of a small bird shot in the iris, where it had been lodged for eight years. What the patient called "a very small blister near the inner border of the pupil" had been noticed; but about eight weeks before the case came under observation, there were pain and redness of the eye, and the minute tumour increased to the size of a bean. As there was no vision in the affected eye, and its fellow was suffering from sympathetic irritation, enucleation was at once performed. A plate representing a microscopic section of the cyst accompanies the paper.

The other case was that of a child, 9 years of age, whose iris had been injured two years before by a piece of slate. The cyst was removed by iridectomy, and useful vision resulted. In the discussion that followed there was a general consent that these cysts originate in the epithelial layer of the iris.

Dr. C. R. AGNEW, of New York, reports *Three Cases of Persistent Pupillary Membrane*, and contributes a paper on *The Insufficiency of the Ophthalmoscope as the Sole Test of Errors of Refraction*, in which he contends that it is often impossible, however skilful the observer may be, to determine the refraction accurately with the ophthalmoscope alone, without the use of a mydriatic. A strong point is made by giving the history of a case in which several prominent ophthalmic surgeons had committed themselves to different opinions, none of which corresponded to the real facts as afterwards developed by atropia.

Three cases of *Neuritis after Measles* are reported by Dr. O. F. WADSWORTH, of Boston. Neuritis is a rare sequela of measles, and is to be considered rather as the result of a complicating meningitis than as a direct consequence of the measles.

Dr. JOHN GREEN, of St. Louis, Mo., reports a *Case of Detached Retina treated by Hypodermic Injections of Muriate of Pilocarpin*, with temporary improvement. Dr. Green also exhibited a *Combination Set of Trial-glasses, and a New Trial Frame*, the object of which is to "reduce the glasses in the trial-case to a comparatively small number, and those such as can be readily and cheaply procured." The sets can be obtained of Hunter, of New York, or Queen, of Philadelphia.

Dr. E. G. LORING, of New York, presented an instrument called *The Keratometer—a New Instrument for Measuring the Curvature of the Cornea.* It "consists of a metal disk in which are set a number of plane convex lenses of various curvatures, on the plane or posterior surfaces of which the representation of the iris is painted." The measurement is made by comparing the image of a window-sash formed on the cornea with that of the same object formed on the surface of the lenses, whose radius of curvature is known—"by matching the image of the real with that of the artificial eye." Dr. L. claims that a difference of less than one-hundredth of an inch in the radius of curvature, can be detected in this way.

Dr. WM. THOMSON, of Philadelphia, describes *An Instrument for the Detection of Colour-blindness*, which he has devised for the examination of the employés of the Pennsylvania Railroad. The instrument has been described in the *Medical News and Abstract* for December, 1880.

Dr. H. D. NOYES, of New York, showed a *Modification of Loring's Ophthalmoscope*, by means of which the series of small lenses can be more conveniently and quickly brought in succession before the eye of the observer. This is accomplished by a system of cog-wheels.

An Improvement in Concave Spectacle Glasses of High Power, suggested by Dr. JOHN GREEN, of St. Louis, consists in "making the principal refracting surface small, say two centimetres in diameter, and grinding it upon one side only—that turned toward the eye—of a double-convex, double-concave, plano-convex, plano-concave, or plane glass." Glasses ground in this way are very light, and a single grinding tool may be made to produce a great variety of lenses.

An Acute Glaucomatous Invasion, following closely upon a Single Application of a very weak preparation of Duboisia, is reported by Dr. JOHN GREEN, of St. Louis.

Dr. ED. S. LORING, of New York, describes *An Improved Operation for a New Pupil after Cataract Operations.* It is practically an iridotomy performed with a very narrow knife instead of with scissors. The knife is entered at the corneo-sclerotic junction, and passed entirely across the anterior chamber. The point is then boldly depressed, and the membranes divided freely up to the attached margin of the iris.

In *A modified Operation for Discission of Soft Cataract*, Dr. JOHN GREEN, of St. Louis, uses the sickle-needle cystotome, and makes a linear incision in the capsule. Dr. Green also reports a *Case of Nucleus-like Bodies in the Lenses of a Child, escaping after Discission.*

Dr. H. W. WILLIAMS, of Boston, gives the result of his experince with *Optico-ciliary Neurotomy.* In most of his cases the results have thus far proved as satisfactory as those of enucleation, and he considers a reunion of the divided ciliary nerves as exceedingly improbable. In two instances where bits of steel had remained in the eye—in one case fifteen, and in the other two years—the operation gave immediate relief to urgent symptoms, which, some months afterwards, still continues.

Dr. H. D. NOYES reports a *Case of Buphthalmus, with Central Anterior Synechia, cured by total removal of the Iris.* The condition of the eye was the result of a wound by scissors received several years before. There was extensive bulging of the anterior half of the eye, with great thinning and stretching of the ciliary region. The iris was pressed against the inner surface of the cornea. Two or three months after the operation the globe was of rather less than normal size.

Dr. S. D. RISLEY, of Philadelphia, gives an illustration of *Dermoid Cyst of the Cornea.*

Dr. JOHN GREEN, of St. Louis, gives the result of his experience with the *Operation for Entropion*, described by him at the Fifth International Ophthalmological Congress in 1876. He has made several slight modifications in the operation as described in the proceedings of the Congress.

A *Photograph of the Fovea Centralis of the Retina*, presented by Dr. O. F. WADSWORTH, of Boston, ends the volume. The photograph was taken by Prof. J. W. S. Arnold, of New York, directly from a microscopic section. G. C. H.

ART. XXX.—*Lectures on Diseases of the Nervous System, especially in Women.* By S. WEIR MITCHELL, M.D., Member of the National Academy of Sciences, etc. etc. 12mo. pp. 233. Philadelphia: Henry C. Lea's Son & Co., 1881.

THE volume before us, dedicated to Hughlings Jackson, is somewhat discursive, and represents the gist of thirteen lectures upon nearly as many troubles or lesions of the nervous system, in females, as the title indicates. The cultivated colloquial style assumed by the author becomes the vehicle of a mode of thought and expression peculiarly felicitous in the case where instruction is sought to be conveyed in precise terms about matters in which the experiences of the patient are oftentimes in illicit commerce with the imagination, and the singular realities of etiology and history seem to deck themselves out in the attire of romance. Nor is the impression wanting that nowhere does the locutor appear to better advantage than in those strong points upon which he has bestowed so much attention and care.

The first lecture is occupied with the paralyses of hysteria; and the second with hysterical motor ataxia and hysterical paresis. The third treats of the mimicry of disease, as does also the fourth; then follow unusual